

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101565454

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3			1			
4						
5		4		1		
6	1		1			
7	1		1			
8	5		1			
9	8					
10	8		1			
11	8		1			
12	6		1			
13	6		1			
14	6		1			
15	9		1			
16	11		1			
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48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	13	←	9	←	←	
TOTAL CLAIMS	19	[REDACTED]	15	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←		↓		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	